

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 170-87)							FILING DATE	
							SERIAL NO.	
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	OEP.
	NO.	OEP.	NO.	OEP.	NO.	OEP.		
1							61	
2							62	
3							63	
4							64	
5							65	
6							66	
7							67	
8							68	
9							69	
10							70	
11							71	
12							72	
13							73	
14							74	
15							75	
16							76	
17							77	
18							78	
19							79	
20							80	
21							81	
22							82	
23							83	
24							84	
25							85	
26							86	
27							87	
28							88	
29							89	
30							90	
31							91	
32							92	
33							93	
34							94	
35							95	
36							96	
37							97	
38							98	
39							99	
40							100	
41							TOTAL NO.	
42							TOTAL OEP.	
43							TOTAL	
44								
45								
46								
47								
48								
49								
50								
TOTAL NO.	2							
TOTAL OEP.	10							
TOTAL	12							